

## POSITION CLASSIFICATION AMENDMENT

1. OFFICIAL HEADQUARTERS	2. NAME OF INCUMBENT
3. ORGANIZATIONAL LOCATION <input type="checkbox"/> AS SHOWN ON CURRENT DESCRIPTION; <input type="checkbox"/> AS HEREBY AMENDED	
11a. _____	d. _____
b. _____	e. _____
c. _____	

4. CSC TITLE AND BUREAU POSITION NO.	SCHEDULE	SERIES	GRADE
<input type="checkbox"/> SAME AS PRESENT; AMENDED FOR: <input type="checkbox"/> CSC TITLE, <input type="checkbox"/> POS. NO., <input type="checkbox"/> SCHEDULE, <input type="checkbox"/> SERIES, <input type="checkbox"/> GRADE			

## CERTIFICATIONS

5. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.	6. I CERTIFY THAT THE CHANGES REFLECTED ARE PROPER AND THE POSITION AS HEREBY AMENDED IS PROPERLY CLASSIFIED.
_____ (Signature of IMMEDIATE Supervisor)	_____ (Signature of Official Exercising Classification Authority)
Title _____ Date _____	_____ (Date)
TITLE _____	_____

7. DESCRIBE BRIEFLY, BUT IN FULL, THE REASONS FOR CHANGES CHECKED ABOVE, AND THE ADDITIONS, DELETIONS, OR OTHER REVISIONS WHICH ARE TO BE MADE IN THE DESCRIPTION PROPER.

GPO 16--78978-1

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